

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/396,428		FILING DATE 09/15/99		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				61			/	
2				/			62			/	
3				/			63			/	
4				/			64			/	
5				/			65			/	
6				/			66			/	
7				/			67			/	
8				/			68				
9				/			69				
10				/			70				
11	/		/				71				
12				/			72				
13				/			73				
14				/			74				
15				/			75				
16				/			76				
17				/			77				
18				/			78				
19				/			79				
20				/			80				
21				/			81				
22				/			82				
23				/			83				
24	/		/				84				
25				/			85				
26				/			86				
27				/			87				
28				/			88				
29				/			89				
30				/			90				
31	/		/				91				
32				/			92				
33				/			93				
34				/			94				
35				/			95				
36				/			96				
37				/			97				
38				/			98				
39				/			99				
40				/			100				
41	/		/								
42				/							
43				/							
44				/							
45				/							
46				/							
47				/							
48				/							
49				/							
50				/							
TOTAL IND.							TOTAL IND.	5		5	
TOTAL DEP.							TOTAL DEP.	49		50	
TOTAL CLAIMS							TOTAL CLAIMS	54		55	

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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